

CLAIMS ONLY						Application Number <u>10628898</u>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2		1					
3			1				
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11	1						
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48							
49							
50							
Total Indep	2						
Total Depend	18						
Total Claims	20						